

PUBLIC HEALTH REPORT

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Proficiency Testing For Physicians' Office Laboratories

A RECENT CHANGE IN THE Business and Professions Code (Section 1241), effective March 4, 1972, requires physicians' unlicensed office laboratories to participate in proficiency testing, a procedure which shows how performance compares with that of reference or peer laboratories. The California legislature passed this law in 1970, and it was amended in 1971. The State Department of Public Health and the California Medical Association cooperated in framing policies and regulations to implement it. The Department, the CMA and representatives of various medical specialties have agreed upon the following testing program.

Since it is impractical or impossible to test all procedures which are carried out in a clinical laboratory, a representative group of tests was selected to fulfill the requirements of the law. Physicians who perform the following tests in their laboratories are subject to proficiency testing requirements:

Hematology

Hemoglobin
Hematocrit
Prothrombin time
Differential smear

Non-syphilis Serology

Antistreptolysin-O
Heterophile
Blood agglutination
Rheumatoid arthritis

Microbiology

Bacteriological
identification
Parasitological
identification

Chemistry

Glucose
Urea nitrogen
Uric acid
Cholesterol
Calcium
Sodium
Potassium

Syphilis Serology

VDRL
ART
FTA-ABS
AFTA
RPR (circle)
card

Immunohematology

Blood grouping
Rh typing
Irreg. antibody
detection

A laboratory which does not perform these tests is not subject to proficiency testing requirements, nor is testing required for urinalysis.

The following tests, which are performed as screening procedures or with such limited application that neither testing services nor the Department can evaluate performance, need not be proficiency tested.

Throat cultures }
Gonococci cultures } *If organism not specifically*
Urine cultures } *isolated or identified*

Cellulose tape test
for pinworm

Hemoglobin }
Hematocrit } *If not performed in conjunction*
} *with any other test being pro-*
} *ficiency tested*

However, the Department recommended that the physician voluntarily enroll in a testing program in order to maintain a high quality of test performance in all laboratory areas.

Four societies that operate proficiency testing programs have been approved by this Department to provide these services to office laboratories as well as to licensed clinical laboratories in California. These approved testing services are:

American Association of Bioanalysts
Proficiency Testing Service
105 West Elizabeth Street, Suite 107
Brownsville, Texas 78520
Telephone (512) 546-5315

College of American Pathologists
Quality Evaluation Programs
230 North Michigan Avenue
Chicago, Illinois 60601
Telephone (312) 346-9150

California Society of Internal Medicine
(CSIM)
Proficiency Testing Service
703 Market Street, Room 1412
San Francisco, California 94103
Telephone (415) 362-1548

College of American Pathologists
American Society of Internal Medicine
Proficiency Evaluation Programs
230 North Michigan Avenue
Chicago, Illinois 60601
Telephone (312) 346-9150

Such services consist of mailing test materials to each subscribing laboratory four times a year, evaluating results reported by the laboratory and returning to the subscriber a report which indicates how well his results compare with those reported by his peers (or selected reference laboratories) as "correct."

Three professional societies in California will assist laboratories in evaluating their proficiency test results and providing any consultation physicians need. Physicians may request help from the Department or directly from the California Association of Bioanalysts, the California Society of Internal Medicine, or the California Society of Pathology.

When performance difficulties in a procedure are encountered, the Department or the society will alert the laboratory and offer assistance. If the problems persist over four consecutive quarters, the Department will ask the laboratory to discontinue its service with that test procedure in the best interests of public health.

Since the first quarter of the year has already passed, physicians may now subscribe to a testing service for only two or three quarters of 1972, with prorating of annual fees. The proficiency testing services will provide information about procedures which can be evaluated, different types of testing programs offered and costs, from which the physician can choose the kind of service most appropriate to his needs.

Does proficiency testing improve laboratory performance? The Department's experience with licensed laboratories, all of which must be proficiency tested in 1972, suggests that test performance greatly improves if laboratories respond to proficiency test results by taking appropriate action. Published and documented studies elsewhere in the nation, some of them national in scope, support this conclusion, as do studies carried out by the California Society of Pathologists and the California Society of Internal Medicine.

California has set an example to the nation as the only state which has ever set what are believed to be appropriate standards for physicians' office laboratories. The current law is part of a long-term effort to maintain high performance standards in *all* the laboratories serving medical practitioners in this state, an effort in which California's physicians have participated for several decades.

MORNING STIFFNESS AS A SYMPTOM

A frequent systemic manifestation of rheumatoid arthritis is morning jelling or stiffness. This occurs commonly in joints that are overtly involved with the disease process but also occurs in areas where there is no obvious joint disease. Patients are stiff all over. This is pronounced on getting out of bed and it stays for a long time. If it disappears in the first walk to the bathroom, that is not what we are talking about. It's not a 15-minute type of thing. It's more like a half hour or three-quarters of an hour. The patient can usually tell you when this morning stiffness sensation has improved to the point where no further improvement can be expected. This is a good index of disease activity. It is also very pertinent to the diagnosis of rheumatoid arthritis.

—JOHN L. DECKER, M.D., Bethesda
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